Montana State
Trauma Care
Committee

Call to Order

Brad Pickhardt, MD, FACS called to order the regular meeting of the State Trauma Care Committee at 1200 noon on May 15, 2013 in Helena, MT.

Roll call

Roll call was conducted and the following persons were present:

Elaine Schuchard, Brad Pickhardt, Lauri Jackson, Leah Emerson, Freddie Bartoletti, , Sam Miller, Joy Fortin and Roberta Shupe.

Via teleconference; Dennis Maier and Brad VonBergan

Absent; Harry Sibold, Becky Arbuckle and Justin Grohs

Guests; John Bleicher, Randi Koehn, Gail Hatch, Carol Kussman, Megan Hamilton, Kim Todd, Robin Suzor, Shari Graham and Jim DeTienne

Introductions/Welcome

Review/Accepted Previous Minutes — Brad Pickhardt, MD, Chair

Meeting reviewed from February 13, 2013 and approved.

RTAC Reports

Central RTAC — Lauri Jackson

Meeting reviewed from April 25, 2013

Eastern RTAC — Brad VonBergen/Randi Koehn

Meeting reviewed from March 7, 2013

Western RTAC — John Bleicher

Meeting reviewed from April 12, 2013

TRAUMA SYSTEM REPORT Carol Kussman

Member needed: MHA Representative

ATLS COURSES; Expanding roster to total of 18 students/course to include; 2 more refreshers and 2 more Physicians/Physician Extenders. ATCN course runs in conjunction with ATLS during November Billings course.

2013 ATLS course dates;

May 17-18	Missoula
November 1-2	Billings

There is a new ATLS Version 9 with student and Instructor materials issued. There currently is not an on-line version of ATLS and ACS is not sure when that new product will be available. Montana has asked to be a Beta Site for the on-line version, but have not received any updates. New content for ATLS Version 9 includes; addition of heat injuries to thermal chapter, content on balanced resuscitation, new moulage/initial patient assessment, triage scenarios and FAST exam to be placed in Abdominal Trauma lecture and demonstration in Surgical Skills.

Designation Activities

Re-designations;

Dillon (8/9)	TRF
Ronan (10/11)	CTF
Polson (10/12)	CTF
Big Timber (11/6)	TRF
Ennis (11/7)	TRF
Terry (9/27)	TRF
WSS (7/19)	TRF
Havre (11/15)	CTF

Plus several focused reviews

DESIGNATED MT TRAUMA FACILITIES: 42!

9 Non-CAH, 32 CAH, 1 Clinic

ACS Level II/MT regional TC = 4

ACS Level III/MT Area TH = 3

MT Area TH = 1

Community Trauma Facility = 8

MT Trauma Receiving Facility = 26

2013 Rocky Mountain Rural Trauma Symposium, September 12 & 13, 2013 in Great Falls at the Best Western Heritage Inn, CRTAC hosting.

MT Trauma System Conference, Wednesday September 11, 2013 in Great Falls at the Best Western Heritage Inn

Web-based Collector- It's here

Goals;

Eliminate paper abstract submission process

Improve data accuracy

Provide method for internal data reporting

NHTSA Funds obtained, Digital Innovations designing abbreviated web-based version of Collector

Orientation of regional "super users"

Using the "Test" version

Facilities not currently submitting will be expected to implement process now that there's a better tool

Central Trauma Registry

Non-participating, inconsistent facility submissions

Different data analysis

State will no longer be providing case feedback for PI, allowing facilties to review/identify own PI issues, which will mature/develop local PI processes

The goal is to go to a total web-based system over time

Rural Flex Grant Funds

Coding Modules for E-coding: ICD9 Coding, procedures and diagnosis coding

Conduct WebEx sessions, record and post on website for review

Support for surgeon site reviews for CAHs

Printing of the Montana Trauma Treatment Manual

Montana Trauma Treatment Manual

Emulate ND Trauma Treatment Manual;
http://www.ndhealth.gov/trauma/resource/default.asp?ID=353

STCC Education Subcommittee working on components

Will print and submit to each facility as well as post on-line for all to download and use for:

Trauma Patient Care

Orientation of new staff and physicians

Orientation of Locums providers and traveler staff

Continuing Education template

CASE REVIEW TEMPLATE; use as guidelines for reviewing cases

Hospital Preparedness

BDLS (Basic Disaster Life Support) WebEX 2013 completed

ADLS (Advanced Disaster Life Support), Fairmont June 28-29, 2013, need to have completed a BDLS course, about 10 slots left

Advanced Burn Life Support Courses (ABLS)-registration is on our EMSTS website

Last class today May 15, 2013 at St. James total 5 classes offered this year and courses rescheduled for;

Great Falls – June 3

Glasgow – June 18 a few slots open

Those facilities that received HPP monies need to have spent their money by June 30, 2013 and a report to Dayle Perrin about how that money was used

System Issues

Pediatric Neurosurgery availability

Bariatric Trauma patients; a new Pilatus PC-12 bariatric (650#) FW aircraft, STAT-Air, Glasgow and Valley Med Flight, Williston and Grand Forks, ND, and Kalispell/ALERT FW

Air Medical Activation guidelines, guideline cards available

Interfacility transfer issues

Anticoagulated trauma patients; ERTAC handout

Hypothermia/Normothermia philosophy; DOCUMENT TEMPS

IV Fluid resuscitation; DOCUMENT AMOUNT AND TYPE OF IV FLUIDS ADMINISTERED

Updated MT Trauma Decision/TTA criteria and cards available

Air/Ground radio channel communications; DRAFT of communications cards to Air Medical Workgroup for feedback and Jim stated he would get this drafted and make a priority

Preventable Mortality Study

Traumatic deaths for 2008

1008 initial cases

Included study cases = 348

Reviewed to date = 348

Abstracting and analyzing the data

Front Runner issues so far;

Lack of consistency in EMS documentation on deceased patients

Differences in trauma care for elderly patients; comorbidities, medical care

What constitutes a "Futile Resuscitation"

Language change; Preventability vs Anticipated/Unanticipated deaths

EMS System/ECC

OPHI

153 licensed transport services required to submit data

92 currently submitting data through OPHI-PCR

9 currently have waivers

30 currently using third party software

22 agencies non-compliant

86% compliance OPHI-DATA;

20320 records submitted

Pentaho reporting system for running reports to analyze data

PHTLS

Instructor classes: Billings, Missoula, Cutbank

30 new PHTLS Instructors

90 new PHTLS providers

Next course: August 10 & 11, Superior

Funding for 2013/2014

Emergency Medical Dispatch

Cascade County, Flathead County, Liberty County

BOME Medical Director Subcommittee recommending that the BOME has no authority over EMD. Recommends that local Medical Directors oversee.

BOME

Medical Director subcommittee will recommend that the BOME allow TXA administration be added to the Prehospital Multiple Trauma protocol.

Medical Response to Disaster

Last round of meetings completed mid-March.

First draft of final plan submitted.

More to come

EMS Online

Partnered with Seattle King County Public Health

Online EMS continuing education w/skills verification at the local level.

Content can be used to fulfill refresher requirement.

Working toward funding for skills evaluator workshops in fall of 2013.

EMS for Children

National Pediatric Readiness Project

A multi-phase on-going Quality Improvement (QI) initiative to ensure that all U.S. EDs have the essential guidelines and resources in place to provide effective emergency care to children.

Based on: "Joint Policy Statement Guidelines for Care of Children in the ED" (published in Pediatrics, October 2009).

Partnership-the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA); Hospital Corporation of America

Assessment administered through a secure web-based system
http://www.pediatricreadiness.org/

Need at LEAST 80% response rate: As of 5/14 MT=56.7% response rate=34/60 hospitals

Hospitals- receives immediate feedback

(80/100 score or above score deemed "Pediatric Ready.")

SPROC GRANT (State Partnership for Regionalization of Care)

EMS can transport a child to any ED regardless of geographic location knowing that it has baseline readiness with medications, equipment, policies, and training to provide effective emergency care to stabilize a child.

Facilities that cannot care for critical pediatric patients linked to a broader regional system to provide seamless access to pediatric-specialty treatment whenever needed

Finding creative ways to share medical expertise and resources to medically manage and treat the patient locally.

HRSA 4 YR GRANT-6 States-NM, AK, PA, AZ, and MT

MT EMSC contract with St. Vincent's Hospital (Billings)

Partners: State Office of Rural Health/Regional AHEC; Billings Area IHS; MHA (MHREF – FLEX program) Children's Hospital of Denver

Populations: Indian tribal communities ; Hutterite ; Rural and frontier communities with the initial focus in eastern MT then continuous expansions across MT by year four.

EMS and Trauma News: Jim DeTienne

The office will work on a reporting system to look at Surge Capacity and if those hospitals have a surgeon or other specialty physicians available, beds or equipment.

The office will take over promotion of Organ Donation for the State. There are monies available and Jim will contact Life Center Northwest and case managers from the Level 2 facilities to ask about best ways to advertise for Organ Donation and what they feel is needed.

Jim will take the lead of making the Air to Ground radio frequency communications a priority and look at offering education across the State to EMS, Fire, Dispatch, Air Medical Transport Agencies and Law Enforcement to that everyone is using the proper channel for communication.

Injury Prevention **Bobbi Perkins**

Seatbelt use

Seatbelt use is the single most effective way to save lives and reduce injuries from a crash

Montana is #3 in the nation with the highest fatality rate for MVC

Montana needs to increase the percent of residents that always wear a seatbelt

Between 2001-2010, 1715 Montanans died in a MVC

Average of 3 people per week!

33% were under the age of 25

Montana Trauma Registry and Police crash report data from 2012 and 2010 found that Montana unbuckled crash occupants:

had over $8,800 higher hospital charges than belted occupants

were less likely than those who were belted to have insurance to pay for their own hospitalizations;

were 7 times more likely to die from injuries and over twice as likely to sustain an incapacitating injury than belted occupants.

Consequently, yearly medical care costs paid by state or federal sources for unbuckled crash occupants were over $5 million for injuries that could have been prevented with use of seat beats (averages from combined Medicaid, Medicare, & Indian Health Services costs).

Stepping On Fall Prevention Program

Currently in 18 locations in MT

As of March 2013

141 participants successfully completed the course (78%)

Significant decrease in average number of falls from baseline to 3 month (0.67 to 0.3) and baseline to 6 month (1.29 to 0.77)

35% decrease in restricting activities due to fear of falling

At the end of the course, participants reported 4.5 days of balance exercises - at 3 and 6 months reported 2.5 days

At the end of the course, participants reported 2.9 days of strength exercises which remained about the same at 3 & 6 months

77% had their vision checked

36% cut back on taking OTC medications for sleep

42% increased calcium and vitamin D

65% changed the way they walked

Injury Among MT Adults Ages 20 – 44 April 2012

Drowning – May 2013

Seat Belt report – May 2013

Firework related injuries – June 2013

Burden of Injury Report - 2nd Edition – October 2013

All reports are available at http://www.dphhs.mt.gov/ems/prevention/index.shtml

Injury Prevention Coalition

Thursday, July 18, 2013, 1p- 2:30p

Fall Prevention Workgroup

June (tbd), 10a-11:30a

MT Seat Belt Workgroup

Thursday, June 6th , 10a-11:30a

RTAC Reports

CRTAC; April 25, 2013 meeting with RMRTS planning prior to the meeting. There were two cases presentations. **Lauri Jackson**

ERTAC; March 7, 2013. TXA presentation by Dr. Randi Thompson, Organ Donation presentation, and 3 case presentations. **Randi Koehn**

WRTAC; April 12, 2013. Presentation about involvement in Hospital Preparadeness for Emergencies, Dr. Bulger the Trauma Medical Director for Harborview Medical Center also there to review cases and presentations at Spring Fever April 13, 2013 at the Hilton Garden Inn in Missoula. TXA use was also being investigated. **Brad Pickhardt**

Subcommittee Reports

Performance Improvement Committee/EP **Brad Pickhardt**

Recommend that Scobey, Superior and Deer Lodge be provisionally designated as Trauma Receiving Facilities with documentation to be provided to EMSTS about their progress. Recommendation that Polson and Lewistown be provisionally designated as Community Receiving Facilities with documentation to be provided to EMSTS about their progress.

Recommendation that St.Patrick/Providence Hospital be fully designated as a Regional Trauma Center.

Carol to provide to committee members the completed and updated revision of the Montana Trauma Resource Criteria with updates on level of designation to reflect current clinical care.

Education Committee **Lauri Jackson**

Education committee will develop a State guideline for facilities for the use of TXA.

Education committee looked at revisions for the TEAM course. Denny Maier asked if the RTTDC course now could be used since it was revised. Kim Todd will ask South Dakota and Wyoming who do use RTTDC about the cost, educational material and requirements to compare to the Montana TEAM course.

Public Comment

None received

Adjournment

Brad Pickhardt adjourned the meeting

The next State Trauma Care Committee meeting will be held in Helena, August 14, 2013 in Helena.

Case Review

CRTAC; Presented the case of a older male patient who was bucked off a horse. There was no trauma team activation as he did not have any physiologic, anatomic or mechanism of injury criteria that would have activated the trauma team at the first facility or at the RTC. The patient sustained a pelvic fracture, closed head injury, fracture ribs, pulmonary contusion, fractured clavicle and spleen contusion. The patient was admitted to the floor and developed complications. Ultimately the patient was dismissed to home after an 8 day hospital stay and 12 day stay in rehab. They stressed the importance that elderly patients can have different parameters for physiologic, anatomic and special considerations that would activate the trauma team for them as opposed to another person.

ERTAC; Presented again the importance of education about the Air/Ground channel communication. Fire departments usually use gold channel and are not required to have the tan channel. Education should be undertaken across the State, which Jim DeTienne stated he would start and then perhaps develop a rule change to address this issue as there are now multiple Medical Air Transport Agencies that have over lapping response areas.

WRTAC; Present an elderly patient with comorbid condition who fell striking his chest and abdomen. The first facility had a timely response and activated their trauma team. The patient had abdominal injuries and transferred to the RTC. The RTC did not activate the trauma team because the patient was stable and their conclusion as well as the reviewers who conducted their ACS Verification Review thought they should active their trauma team as this patient met the RTC criteria. The RTC thought their response was okay but that the response is more crisp if the trauma team is activated.